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Bib Data Sheet

CONFIRMATION NO. 6187

SERIAL NUMBER 09/755,231	FILING DATE 01/08/2001 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.	
<b>APPLICANTS</b> Oral Fatih Sekendur, Chicago, IL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/20/2001		** SMALL ENTITY **			
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
<b>ADDRESS</b> ORAL SEKENDUR 399 W. FULLERTON PKWY CHICAGO , IL 60614					
<b>TITLE</b> One-piece disposable dental articulator					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			